
Virginia Office of Emergency Medical Services
Trauma Center Fund Disbursement Policy

Trauma Fund Includes:

D.U.I Fund (HB 1143)

License Reinstatement Fee (HB 2664)

Revised September 01, 2011
Effective January 1, 2012

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Authority: Pursuant to § 18.2-270.01 The Department of Health has been directed to develop a methodology for awarding these funds and to administer the Trauma Center Fund. The Office of Emergency Medical Services (OEMS) is the designee of the Virginia Department of Health (VDH).

Purpose: To provide financial support to Virginia Designated Trauma Centers in an effort to defray the costs specifically associated with Trauma Center Designation.

Trauma Fund Panel:

A Trauma Fund Panel is appointed each year by the TSO&MC Chairperson at its March meeting. The panel will consist of five members: the TSO&MC Chair or his/her designee, the VDH/OEMS Trauma/Critical Care Coordinator, one representative of a level I trauma center, one representative of a level II trauma center, and one representative of a level III trauma center. The Chair may opt to add a sixth member to the panel in the event it is felt physician, nursing, or administrative representation has not been achieved with the original five panel members.

The Trauma Fund Panel shall be responsible to:

- Assist VDH/OEMS with annually reviewing the TCFDP.
- Based on the annual review, assist VDH/OEMS with revising the TCFDP as needed. Updating the disbursement policy is not required. However, the document should be marked as reviewed or revised and dated.
- Present changes to the TCFDP on an informational basis to the TSO&MC at their September or December Meeting.

Timeline:

- At the March TSO&MC meeting the Chair will form the year's Trauma Fund Panel.
- The Committee may choose to not convene the Trauma Fund Panel for the upcoming year if VDH/OEMS and the Chair recommend that the document, after review, does not require revision or the revisions required are not sufficiently significant to warrant panel meetings.

- Changes to the TCFDP should be completed and presented at the September or December TSO&MC meeting on an informational basis, to make potential recipients aware of any significant changes.

Eligibility – To be eligible to receive funding through The Commonwealth of Virginia Trauma Center Fund, a hospital must be a Virginia Designated Trauma Center (Level I, II, or III), located within the Commonwealth of Virginia, designated by the VDH and must be in good standing.

Designated Trauma Centers considered not in good standing, for the purpose of the Trauma Fund only, includes any center that has been identified, during any phase of the designation or verification process, to have a critical deficiency or deficiencies or failed to follow the prescribed application for designation or verification process. Failures to submit the required annual report, participate with a requested audit, or submit the signed acknowledgement on time will also result in being considered not in good standing.

Once a center has been identified, by the VDH/OEMS, as not in good standing, payments from the Trauma Center Fund shall be held in escrow until such time that the critical deficiency or outstanding issue has been corrected or the Trauma Center has been provided with notification by VDH/OEMS that the funds will be returned to the Trauma Fund for distribution and the appropriate time to appeal such a decision has passed.

Each eligible trauma center must provide the VDH/OEMS' Fiscal Division with a method to receive funds electronically. The eligible center must be compliant with reporting to the data source (i.e. Trauma Registry) being used by VDH/OEMS to establish the percentage of the trauma fund that will go to each facility.

To remain eligible each recipient of Trauma Center Fund monies shall submit an annual report in the format prescribed by the Office of EMS. **This report shall be due, at the VDH/OEMS no later than 5:00 pm on February 15** each year, beginning February 15, 2013 (see the reporting requirements section later in this document for details.)

Each facility must sign and return the TCFDP by the date requested to remain eligible to receive funding. The acknowledgement must be signed by an upper level administrator (CEO/COO/CFO/CNO) and the Trauma Program Medical Director or Trauma Program Manager. The acknowledgment signatures can be found on 12 below.

Compliance:

If at any time questions arise or it becomes suspected or known that a center(s) is not using the Trauma Center Funds in accordance with the TCFDP the VDH/OEMS will be obligated to respond to such an event. The fund's administrator will attempt to resolve the matter in the following manner:

- Place the amount of funding in question immediately on hold until resolved. Communicate in writing to the hospital representative believed to be responsible for administering the funds at the center in question and attempt to resolve concerns. If the person believed responsible is not the TMD and/or TPM then they will be courtesy copied. If the questions arise as a result of the annual report VDH/OEMS will contact the person that originally submitted the report to VDH/OEMS in an attempt to clarify any question(s) and resolve any issues or potential issues and courtesy copy the TMD and/or TPM.
- It shall be the hospital's responsibility to share information internally or notify other hospital staff(s) as needed, VDH/OEMS cannot assume this responsibility.
- Funds held will be placed in escrow until a formal decision has been made and communicated to the hospital. If the time has expired in which the hospital has to appeal the VDH/OEMS decision under the Administrative Process Act (10 days) the funds will be removed from escrow and made available for distribution with the next quarterly disbursement.
- Anytime in which funds are held for this purpose the fund administrator should report the issue(s) via the VDH chain of command and to the Office of the Attorneys General (AG) as needed for appropriate resolution.

It is VDH/OEMS' goal to have the Trauma Center Fund managed on the hospital level by the individual trauma programs/services. However, when this is not feasible due to the individual hospital's infrastructure the TMD and/or TPM shall be involved in the process of deciding how the funds will be utilized and in the annual reporting on the usage of those funds. Additional details are listed below.

Auditing; all recipients of the Trauma Center Fund as a condition of receiving funding agree to undergo a financial audit performed by a qualified independent auditor contracted by VDH/OEMS focused on the usage of trauma funds. VDH/OEMS will utilize auditing practices similar to those used with all other funding programs it administers. The focus of financial audits will be to perform cyclical audits on those centers that receive \$200,000 or more per year. VDH/OEMS reserves the right to request financial audits on an as needed basis and on centers that receive funding less than \$200,000 as deemed necessary.

Trauma Center Funds shall be utilized as directed by this document or forfeited. The disbursement policy is developed with stakeholder input to ensure that the funds can be utilized for current trauma specific needs. The annual TCFDP review is performed to ensure that the fund addresses current needs of the system.

Usage of Funds:

Monies from the Trauma Center Fund shall be utilized to support eligible Virginia Designated Trauma Centers within the confines of the broad list below. The list represents those factors that are unique to centers due to being designated by the VDH as a Trauma Center. A brief description of the intent of each bullet is included with each category to assist centers, but is not meant to be all inclusive. Each recipient of Trauma Center Fund monies shall not use greater than 55 percent of the funding it receives to support higher staffing levels (on-call stipends) as noted in the last bullet item below. The remaining 45 percent of funding shall be used towards those items listed below. The intent of this funding cap is to improve the level of funding being dedicated to the other categories. Any request to deviate from the list should be approved in advance by submitting a written request (electronically is sufficient) to the VDH/OEMS that includes what is to be funded, the amount of funding, and how it relates to trauma specifically.

- Readiness costs that support the trauma systems will vary from institution to institution and may include any of the following:
 - Support extensive trauma related training to staff either by hosting or funding staff to attend any of the following:
 - **Continuing education (CE) for all level of clinicians,**
 - **Trauma related certification classes, i.e. ATLS, TNCC, ATCN, CATN** (i.e. may include expenses to attend or host trauma specific certification courses; i.e. instructor fees, materials, travel, per diem, facility costs etc.)
 - **Trauma related classes or conferences** (may be used for registration fees, class, materials, lodging, transportation, and per diem)
 - **Obtain training equipment, aids, materials and supplies** (may be used for equipment such as simulators, mannequins, medical equipment used for training, disposable supplies for training; aids such as A/V or IT equipment, software, A/V training programs, subscriptions to programs that provide/track/monitor CE credit, to prepare course materials, purchase of course materials, and other supplies needed to host, develop, or provide trauma specific training)
 - **Backfilling for staff attending trauma educational events.** (may be used to offset the cost of backfilling physician, physician extenders, and nursing

- coverage so staff can participate in continuing education, conferences, or perform instruction for trauma specific activities),
- Support a trauma specific comprehensive performance improvement program by funding any of the following:
 - **The purchase and/or maintenance of trauma registry software/service that is capable of also submitting data to the Virginia Statewide Trauma Registry** (may be used to purchase, upgrade, add additional modules, maintain, or integrate, trauma registry programs that enhance trauma specific performance improvement or assist with integrating with the state trauma registry, National Trauma Data Bank (NTDB), regional trauma triage, or EMS agency patient care data)
 - **To purchase, subscribe, develop, and/or support trauma program performance improvement (PI) programs** (i.e. may be used to submit or utilize data to/from the NTDB, VSTR, or other data source, participation in PI programs such as “TQIP” or similar program, purchase of statistical software),
 - **Support multidisciplinary performance improvement committees** (i.e. may be used to support organized PI program through equipment and materials)
 - **Offset the cost of preparing and undergoing state trauma verification** (i.e. cost associated with preparing materials for review, staff needed to prepare, administrative assistance, hosting a review team and other verification related costs)
 - Support for Injury prevention/community outreach to include any of the following:
 - **Trauma center and system awareness** (i.e. may be used for trauma program specific media (audio, visual, print) development, postage shipping, costs associated with the development and delivery of live awareness activities)
 - **Community/Public education program(s) related to injury prevention** (staffing, supplies, marketing, travel, etc.)
 - Support for outreach program(s) such as:
 - **Educating staff at non-designated hospitals on trauma care and trauma triage** (i.e. may include providing trauma education, performance feedback to hospitals in the centers catchment area)
 - **A program to provide performance improvement related feedback to non-designated hospitals and its staff** (i.e. may include providing trauma education, performance feedback to hospitals in the center’s catchment area)
 - **Educating prehospital providers on trauma care and trauma triage** (i.e. may include providing or attending trauma specific programs that provide continuing education (CE) credit hours to all levels of emergency medical
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- providers. Costs may cover expenses to host, including facility fees, instructor's fees, course materials, durable and/or disposable supplies for course, travel, lodging or per diem.)
- **A program to provide performance improvement related feedback to prehospital providers/agencies.** (i.e. May include support for courses, education, development/use of technology to communicate, travel, staff time etc.)
 - Support for trauma related research
 - **Provide support for trauma related research** that will be shared with and support the Virginia Trauma System.
 - Support an administrative infrastructure dedicated to the trauma program as required for designation to include, but not be limited to:
 - Trauma Medical Director
 - Trauma Program Manager
 - Trauma Registrar(s)
 - Trauma Performance Improvement Coordinator
 - Other administrative support staff to support program
 - Support higher staffing levels (on-call stipends) that will assure quality trauma care day or night to include to a maximum of 55 percent of funding received:
 - Trauma Surgeons
 - Other physician specialties
 - Mid level/physician extenders
 - Increased nursing staff to meet required nurse patient ratios,
 - Ancillary support staff needed to meet state designation criteria.

Carry Over of Funds – carrying over of funding from one State fiscal year (SFY) to another should be minimized. Understanding the SFY may differ from each center's fiscal year it is permissible to carry Trauma Center Funds over from one SFY to another, but centers shall not exceed this limit except during the following circumstances:

- Upon approval of VDH/OEMS based on legitimate trauma program/service needs, such as the need to build financing for a project that could not be achieved in one year or to build financing for a biannual/triennial project so no single FY will be impacted to a maximum of two "carry overs" or a three year period.
- Centers expected to receive less than \$50,000 per year and the funding is solely managed by the Trauma Program/Service may carry over funding so that they may apply it in similar fashion as bullet one to a maximum of two "carry overs" or a three year period.

Trauma Center Fund recipients should keep in mind when developing a budget outlining the use of trauma funds that the funds are intended to support your trauma service and be trauma specific. Your Trauma Program Medical Director and/or Trauma Program Manager are the best resource within your facility to provide advice on the correct usage and intent of the items above. While the list is broad in order to allow each facility to address its unique trauma specific funding needs, it should not be applied so broadly that its use becomes non-applicable to the support of your trauma program. Past issues include:

- Support of Helicopter Emergency Medical Services (HEMS). HEMS service is not required by trauma center designation and other VDH/OEMS funding supports HEMS
- Uncompensated care; the Commonwealth provides other funding streams for uncompensated care
- Applied to the hospitals' general fund; a cost accounting of how the funds were applied to the areas above is required and financial auditing has been added to assure this is occurring
- EMS education; the trauma center fund does support EMS education. However; centers need to ensure trauma funds are used for trauma specific EMS education and not initial EMS training courses or unrelated continuing education. VDH/OEMS provides significant EMS training fund opportunities for non-trauma related EMS education

Reporting Requirements:

As cited in the eligibility section of this document each recipient of Trauma Center Fund monies shall be required to submit an annual report as prescribed by the VDH/OEMS. **This report shall be due, at the Office of EMS no later than 5:00 pm on February 15** of each year, beginning February 15, 2013 (or the next appropriate state business day if this occurs on a weekend, holiday or other declared State holiday) and in the electronic format specified by VDH/OEMS or the center will forfeit receiving trauma funds for the current SFY. The annual report will be posted on the [OEMS Trauma Webpage](#)

The information reported is used by VDH/OEMS to meet standard accounting and audit requirements and to assist in the mandated reporting annually to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on the use of the funds and how they support the Virginia Trauma System. In order for the VDH/OEMS to be able to provide this report within the timeline prescribed it is necessary to enforce a strict deadline.

Distribution:

Each Virginia Designated Trauma Center in good standing will receive a quarterly disbursement of funds that have been directed to the Trauma Center Fund and have been received by the VDH/OEMS. It is the goal of the VDH/OEMS to electronically disburse all funds, maintaining a zero balance, within thirty days from the end of each state fiscal quarter. However, VDH/OEMS is not that State agency that collects the funds that make up the Trauma Center Fund and cannot guarantee the payment schedule.

Each Virginia Designated Trauma Center in good standing will receive a percentage of the available funds received. Available funds include any funds directed to the Trauma Center Fund minus the administrative costs recuperated by VDH/OEMS to maintain the program. At this time two sources of funding exist for the Trauma Center fund and those are related to license reinstatement fees and DUI fines. The percentage will be based on the total number of inpatient admission days for those patients admitted under a primary E-Code related to motor vehicle crashes. Using the most recently available calendar year data from the Virginia Statewide Trauma Registry (VSTR), the total number of hospital days of patients admitted under a primary E-Code of 810, 811, 812, 813, 814, 815, 816, 819, 822, or 823 and their subcategories to qualifying trauma centers will be queried.

A query will be run to establish the total number of patients admitted under these E-Codes for all qualifying trauma centers. Based on the number of patient admission days of each center compared to the total number of admission days for all qualifying trauma centers a percentage will be assigned. Each July 1st VDH/OEMS will pull data from the VSTR using the previous calendar year's data to revise the percentage. Each center is responsible for its own compliance with data submission. The new percentages will be applied to any payments that are entered into the VDH/OEMS financial system after the percentages are provide to VDH/OEMS' Fiscal Divisions. The percentages are not retroactive and may include more or less than four payments until the next percentage rates are set the following July 1. This process will be "based" on the State's fiscal year.

The percentages rates and payments will be posted to the [OEMS Trauma Webpage](#). An announcement will be sent to each center's Trauma Program/Service when this information has been updated.

Acknowledgement:

By signing, I hereby certify that I have reviewed and understand the Virginia Trauma Center Fund Disbursement Policy and that I accept the responsibility of adhering to the same.

Hospital Name

Hospital CEO/COO/CFO Name Print

(Signature)

Date

Hospital TMD or TPM Name Print

(Signature)

Date

Forward this acknowledgement to:

Mr. Paul Sharpe, Trauma/Critical Care Coordinator
Virginia Department of Health, Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, Virginia 23059
Paul.Sharpe@VDH.Virginia.gov

Questions:

The Trauma Center Fund is administered by the Virginia Department of Health, Office of Emergency Medical Services. The Trauma Center Fund Administrator is:

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